

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) INDIANA JOBS NOW		FEC IDENTIFICATION NUMBER ▼ C C00603159	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee CROSSROADS MEDIA LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 22 / 2016		
Mailing Address 66 CANAL CENTER PLAZA SUITE 555			Amount 13200.00		
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE.4226		
Purpose of Expenditure MEDIA		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 20 / 2016		
Name of Federal Candidate TREY HOLLINGSWORTH			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 458487.09			Office Sought: <input checked="" type="checkbox"/> House District: 09 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IN		
			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee CROSSROADS MEDIA LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 22 / 2016		
Mailing Address 66 CANAL CENTER PLAZA SUITE 555			Amount 26800.00		
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE.4227		
Purpose of Expenditure MEDIA		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 20 / 2016		
Name of Federal Candidate ERIN HOUCHIN			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 485287.09			Office Sought: <input checked="" type="checkbox"/> House District: 09 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IN		
			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	40000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MICHELE REISNER

[Electronically Filed]

Date

MM / DD / YYYY
04 / 22 / 2016

Signature

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(Schedule E)PAGE 2 OF 2
FOR SE OF FORM 24/48

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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee SRCP MEDIA INC. PRODUCTION			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 22 / 2016		
Mailing Address 201 N UNION ST SUITE 200			Amount 850.74		
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE.4224		
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 22 / 2016		
Name of Federal Candidate TREY HOLLINGSWORTH		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 09 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IN		
Calendar Year-To-Date Per Election for Office Sought		486137.83	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee SRCP MEDIA INC. PRODUCTION			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 22 / 2016		
Mailing Address 201 N UNION ST SUITE 200			Amount 1727.26		
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE.4225		
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 22 / 2016		
Name of Federal Candidate ERIN HOUCHIN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 09 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IN		
Calendar Year-To-Date Per Election for Office Sought		487865.09	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2578.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	42578.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MICHELE REISNER

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Date

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04 / 22 / 2016

Signature